

# VTE Improvement Update

July 19, 2019



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Dept. of Medicine Representative

Hospital QI and Patient Safety Committee



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# Outline

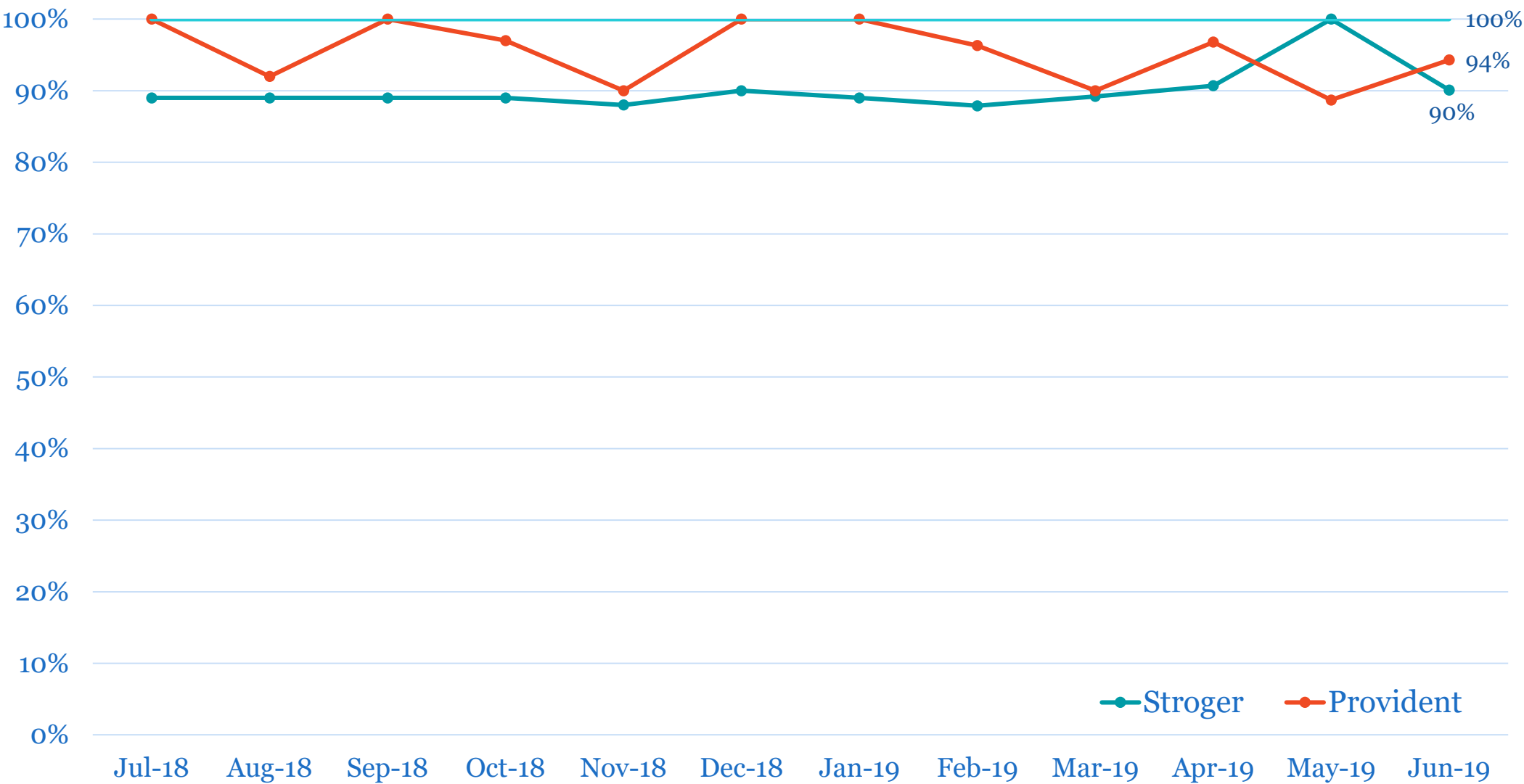


Why are VTE failures happening?  
Addressing Lapses in Ordering  
Improving Implementation Processes  
Documenting compliance



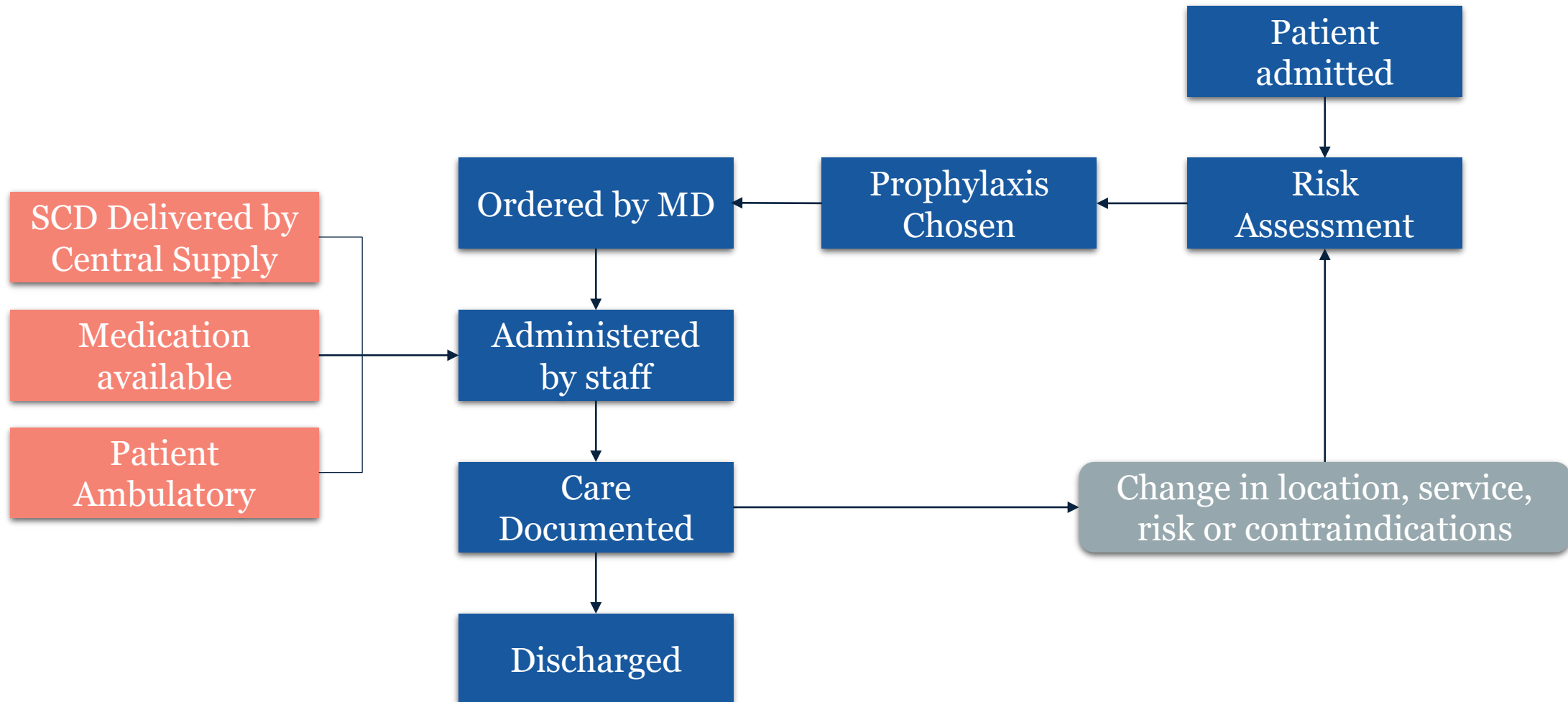
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# Core Measure – Venous Thromboembolism (VTE) Prevention

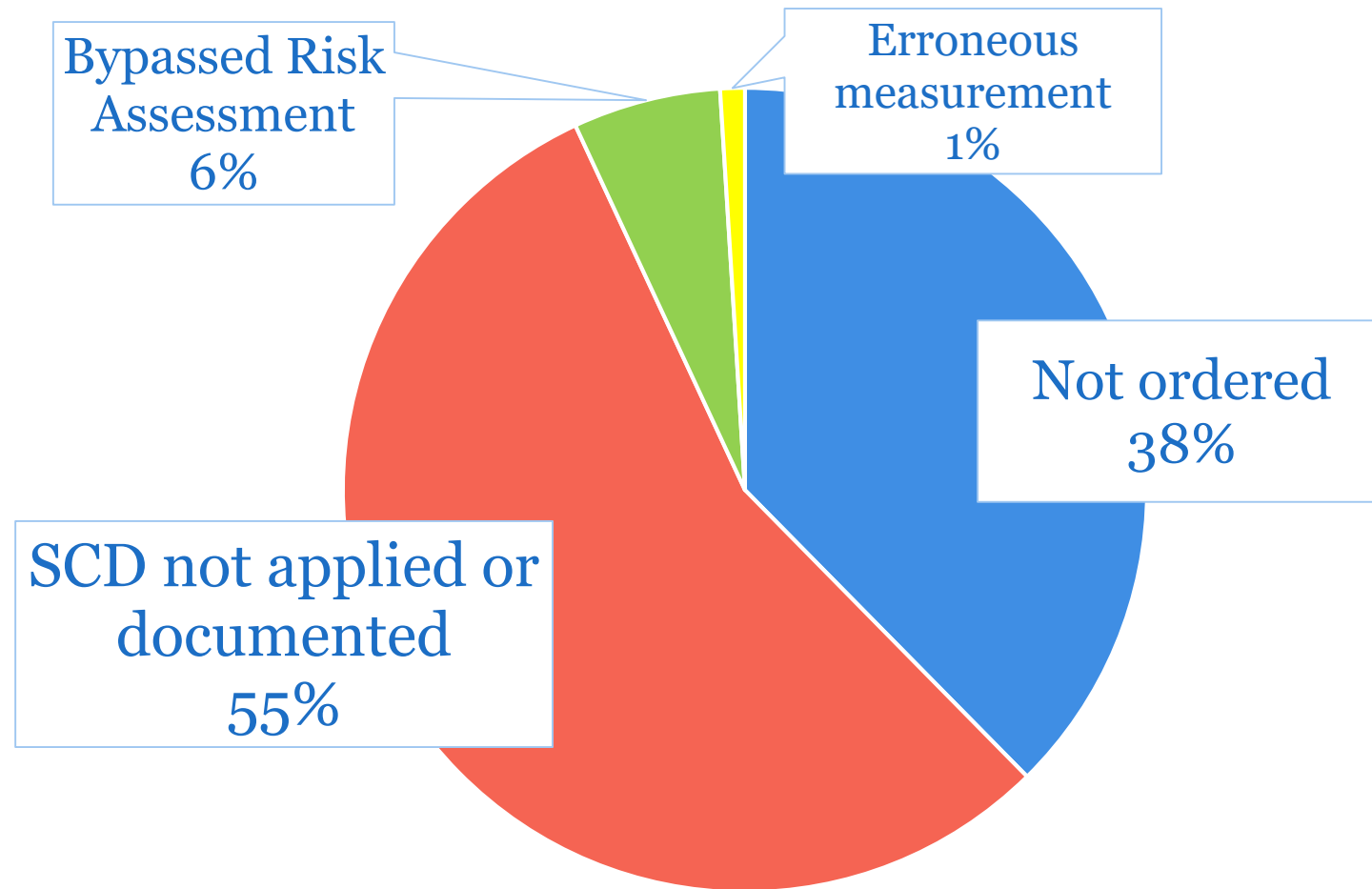


Source: Quality Dept.

# VTE Process Map



# Why are VTE failures happening?







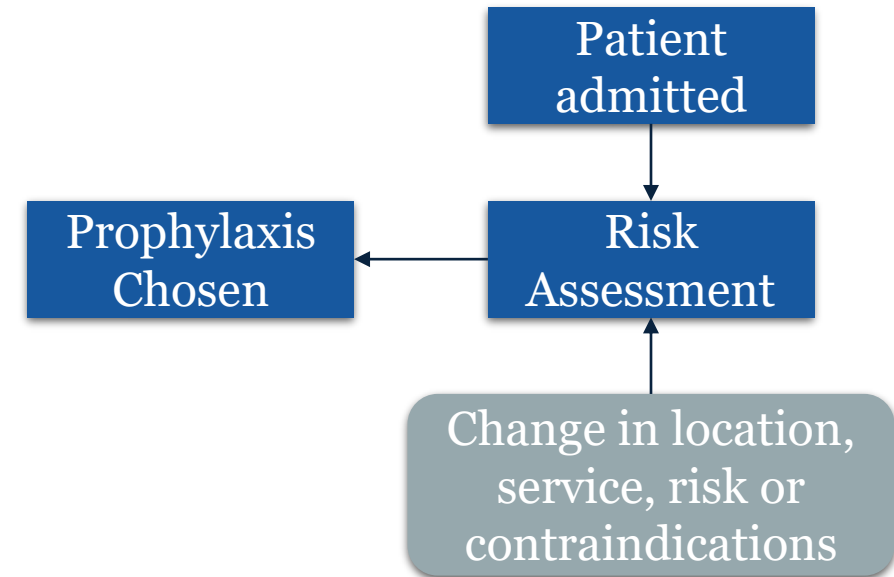
# Addressing Lapses in Risk Assessment and Ordering



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# Ensuring Risk Assessment

- Triggered by all admission order sets
- Triggered on transfers of care
- Triggered when prior prophylaxis cancelled




# Requiring Prophylaxis

- Orders required regardless of risk
- Low Risk: Ambulate order
- Moderate to high risk:
  - Pharmacologic OR
  - Sequential Compression Device OR
  - Reason for no VTE Prophylaxis given

Ordered by MD

Prophylaxis  
Chosen

Discern: (1 of 1)

 **VTE Moderate to High Risk Prophylaxis Order**

Please select appropriate prophylaxis order or select Full Anticoagulation or Select Contraindication

**Add orders for:**

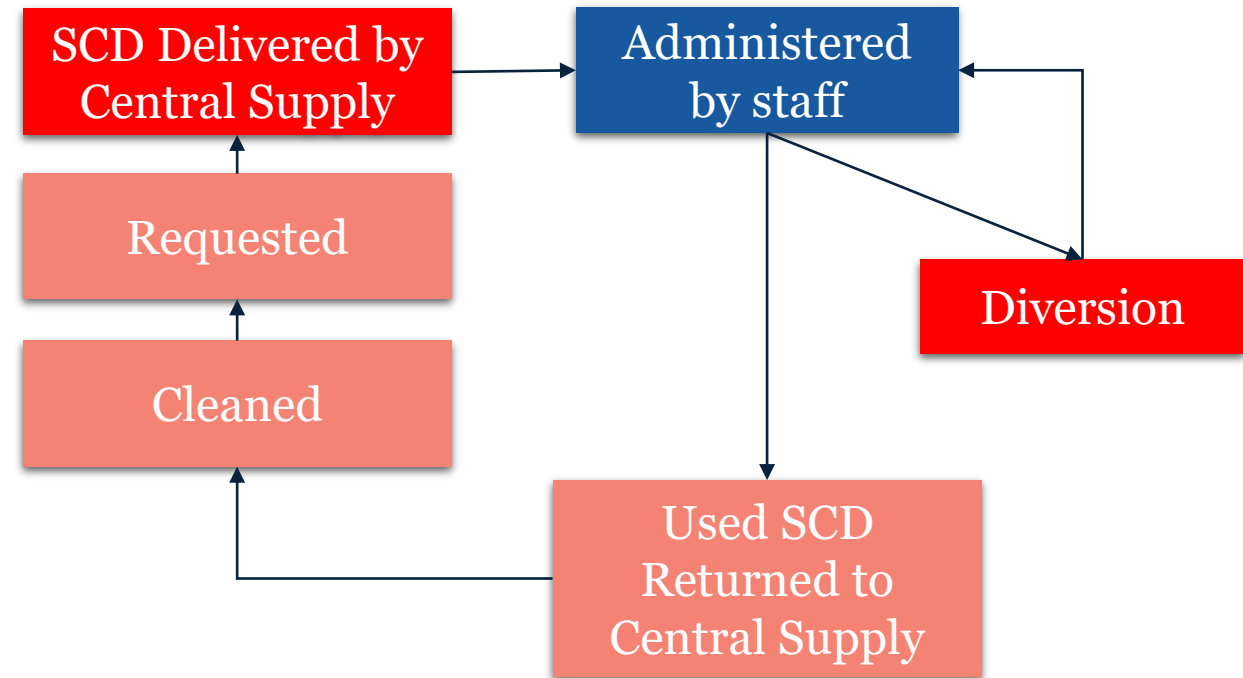
<input type="checkbox"/> SCD, Apply	
<input type="checkbox"/> heparin -> 5,000 UNITS, Inj, SQ, Q 8 Hr	
<input type="checkbox"/> heparin -> 5,000 UNITS, Inj, SQ, Q 12 Hr	
<input type="checkbox"/> fondaparinux 2.5 mg/0.5 mL subcutaneous solution -> = 0.5 mL, SQ, Daily, X 5 DAYS, # 2.5 mL	
<input type="checkbox"/> enoxaparin -> 40 MG, Inj, SQ, Q 24 Hr	
<input type="checkbox"/> Patient is on Full Anticoagulation -> Patient is on full anti-coagulation	
<input type="checkbox"/> Mechanical and Pharmacological Prophylaxis Contraindicated	

OK



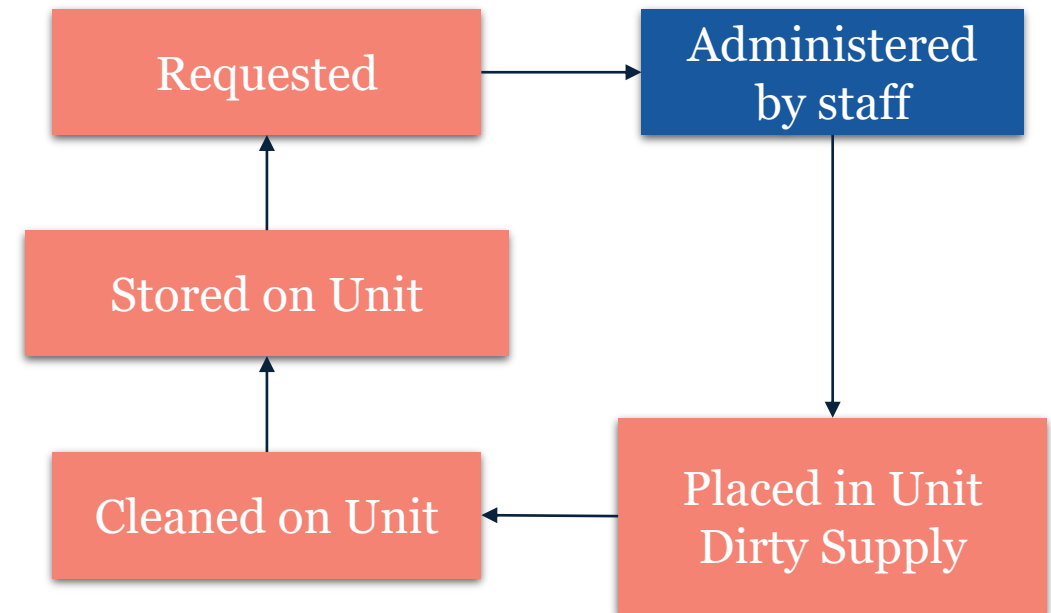
# Administering Prophylaxis: SCD Failures

- Accounts for 56% of VTE Failures
- High Compliance Nursing Units:
  - One bed = One SCD device
  - Culture of SCD documentation
- Low Compliance Units:
  - SCD not on unit
  - Erratic delivery from central supply
  - Irregular documentation practices

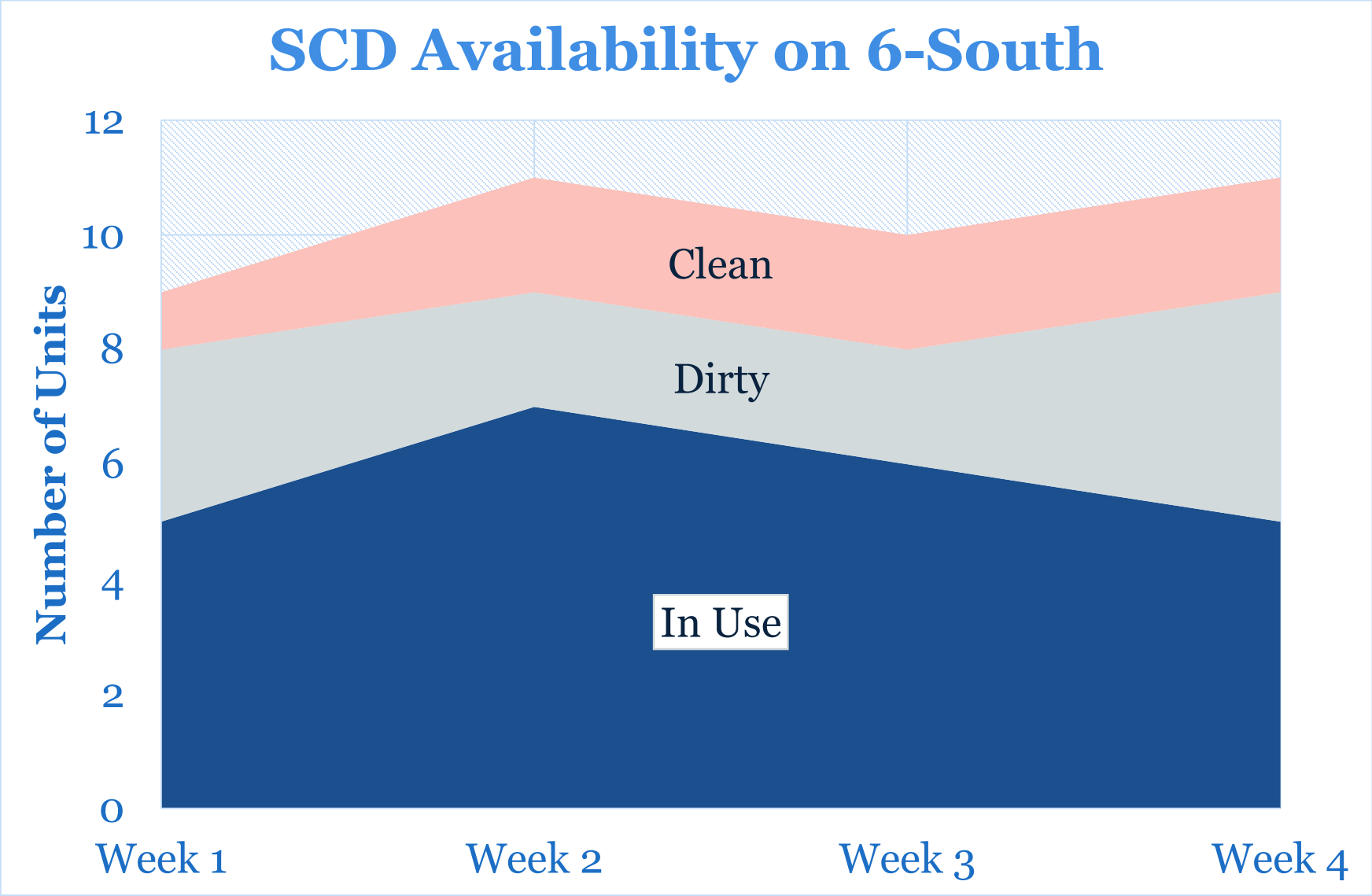


# Goal: Increasing SCD Availability

- Pilot between Central Supply and Nursing
- Minimum number of SCDs assigned to unit
- SCDs cleaned onsite
- Returned to Charge RN for storage

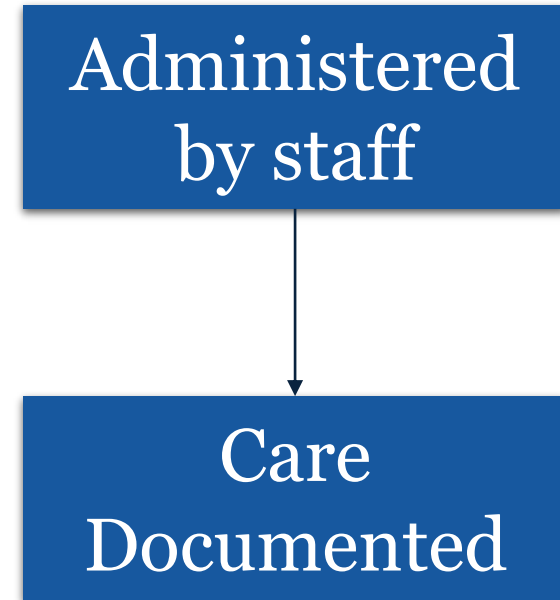


# Results



# Results

- Clean SCDs always available
- New process preferred by:
  - 2/2 Charge RNs
  - 3/3 Floor RNs
  - Central Supply
- Overall 6-South VTE Compliance unchanged



# Improving Documentation

Surgical Drains/Tubes	Site Condition	No com...
Urinary Catheter	Drainage Description	None
Urine Catheter Education	Infiltration Score	0
Bowel Management System (BMS)	Phlebitis Score	0
Antiembolism Device/VTE Prevention	Care	Secured...
	Dressing	Dry, Intact
	Patency	No com...
	Equipment	Saline L...
	Response to Activity	
	Patient Education	Pt infor...
	Δ Antiembolism Device/V...	

Forced SCD  
documentation every  
8 hours

Required  
documentation in  
notes

- * Assessment and Plan	
Assessment and Plan	A&P: OTHER
	Diagnosis: Dx Code Search / OTHER
	Orders: Order Profile / OTHER
DVT Prophylaxis	Subcutaneous heparin / Enoxaparin / SCD boots
Education and Follow-up	Counseled: Patient / Family / Friend / Diagnosis
	Patient Instructions: Patient Education / OTHER
* Length of Stay	* Anticipated Discharge Date: * ==
	* Rationale for continued hospitalization: * OTHER

# Challenges

- Electronic Health Record rules are complex
- Competing Information Services demands
- Not enough SCDs to guarantee 10 per med/surg unit
- Central Supply staffing inconsistencies



# Next Steps

- Enable EHR Changes (Tentative August 2019)
- Expand 6-South pilot to other med/surg units
- Additional 60 SCD machines requested
- Monitor compliance in real-time



# Questions/Comments?



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# Thank you



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